

Family Medicine Clinic Staff & Resident Leave Request Form
Residents: all 11 Items

From: _____ Date: _____

To: Department Head/Director, Residency Training

Via: 1 - 11 below

Subj: COVERAGE SHEET FOR ABSENCE FROM CLINIC/ROTATION

Reason: _____

From: _____ Date: _____ Time: _____

To: _____ Date: _____ Time: _____

Return: _____ Date: _____ Time: _____

1. Person Covering Panel/T-Cons/OB Patients

Name: _____

Signature

2. Team RN - Aware of Absence and Coverage: _____

Signature

3. Team Leader - # of team members away _____. Team coverage

adequate ☐Yes ☐No _____

Signature

4. Rotation Name: _____ Rotation

Signature

Department Head Recommended: ☐Yes ☐No _____

Signature

5. Clinic Schedule Writer _____

Signature

6. Resident Watch Officer _____

Signature

(7) GME Coordinator for Time Away from Program Amount Confirmation

Days Remaining: weekdays _____ weekend _____ initials _____

(8) Dept Head/Asst Program Director _____

Signature

(9) Template Manager (if needed) _____

Signature

(10) POMI, input records (all active duty) and SEAT for stamp on leave request

(11) Department Secretary for processing